

Appendix G

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Indiana Housing Finance Authority

Rental Housing Tax Credit Development Compliance Certification Instructions

The Rental Housing Tax Credit (RHTC) Development Compliance Certification must be submitted annually to IHFA. The Certification must be submitted to IHFA on or before January 31 of each year and must report for the entire preceding twelve (12) month period. Therefore, the owner must report all tenants living in the Tax Credit property from January 1 to December 31.

IHFA has provided all forms necessary for the owner to complete the Annual Certification of Compliance. Failure to supply legible and complete Annual Owner Certifications is considered by Internal Revenue Service (IRS) regulation to be noncompliance. Below is a listing of all documents that must be submitted as the Owner Certification along with detailed instructions for their completion.

Owner Certification Checklist

This checklist is a tool that should be used by the owner when completing the Owner Certification. Items one (1) through five (5) must be submitted to IHFA every year of the Compliance Period of a Tax Credit property. Items six (6) through ten (10) must be submitted with the first Owner Certification submitted to IHFA, or if the items have never been submitted, then the outstanding items should be submitted as soon as possible.

Owner Certification of Compliance

The Owner Certification of Compliance document is four pages and has eighteen (xviii) items which the owner must certify to. Some of the items require the owner to provide information that is unique to his/her development.

- (i) The owner must give the Building Identification Number (BIN), the date the individual building was first placed in service, and the first year credits were claimed for each individual building in the development.
- (ii) The owner must mark which minimum set-aside the property meets. The 20/50 test under Section 42 of the Code means that 20% or more of the residential units in the development are both rent-restricted and occupied by individuals whose income is 50% or less of area median gross income. The 40/60 test under Section 42 of the Code means that 40% or more of the residential units in the development are both rent-restricted and occupied by individuals whose income is 60% or less of area median gross income. Finally, the 15/40 test under Section 42 of the Code means that 15% or more of the tax credit units in the development are both rent restricted and occupied by individuals whose income is 40% or less of area median gross income.

This selection must be the same as the minimum set-aside election the owner selected and reported on IRS Form 8609.

- (iii) The owner is to report the applicable fraction of the property as defined by the code. If a change in applicable fraction has taken place the owner must attach a description of that change to the Owner Certification of Compliance.

In addition, the owner must report the total number of units in the development (both low-income units and market units). Furthermore the owner must report the number of qualified low-income units as defined by the Code. Please note that the total qualified low-income units is the number of qualified tax credit units in the property only. The owner should not include units that are low-income as defined by some other program but do not have tax credits associated with them.

The owner must answer the three questions provided in the last part of this section. Each question must have a box marked. If the question is not applicable to the particular development/owner, then the owner must mark the Not Applicable box.

- (iv) Please read and understand this section of the certification. The language in this section may not be changed.
- (v) Please read and understand this section of the certification. The language in this section may not be changed.
- (vi) Please read and understand this section of the certification. The language in this section may not be changed.
- (vii) Please read and understand this section of the certification. The language in this section may not be changed.
- (viii) The owner must provide information regarding any HOME funds allocated to the development. The owner must place the amount of HOME funds received for the development in the appropriate space provided. The owner must distinguish between HOME funds received from the Indiana Housing Finance Authority (IHFA) and other HOME funds. In addition, the owner must give the total number of HOME assisted units in the development and the affordability period of the HOME assisted units.
- (ix) Please read and understand this section of the certification. The language in this section may not be changed.
- (x) Please read and understand this section of the certification. The language in this section may not be changed.

- (xi) The Owner must mark the box which applies. The language in this section may not be changed.
- (xii) Please read and understand this section of the certification. The language in this section may not be changed.
- (xiii) Owner must mark the box which applies. If any units in the Development are vacant for longer than 30 days, documentation detailing which units were vacant and marketing efforts, preferably copies of newspaper ads, brochures, etc., must be attached to the certification. The language in this section may not be changed.
- (xiv) Owner must mark the box which applies. If a tenant's income increases to 140% of the applicable income limit for that unit, documentation detailing which unit the tenant resides and the next available unit of comparable or smaller size must be attached to the certification. The language in this section may not be changed.
- (xv) Please read and understand this section of the certification. The language in this section may not be changed.
- (xvi) Please read and understand this section of the certification. The language in this section may not be changed.
- (xvii) Owner must provide the county in which the Declaration of Extended Low-Income Housing Commitment was recorded. The language in this section may not be changed.
- (xviii) Please read and understand this section of the certification. The language in this section may not be changed.

Finally, the owner or Authorized Signatory for the owner entity must sign the certification and also have his/her signature notarized.

Rental Housing Tax Credit Program Development and Building Information
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A Rental Housing Tax Credit Program Development and Building Information Form must be submitted to IHFA every year. This form allows IHFA to track any changes in owner entity and management entity address and phone number. However, please note that IHFA must be made aware immediately of any changes in owner entity or management entity.

Please complete the Rental Housing Tax Credit Program Development and Building Information Form and submit it to IHFA.

Development Compliance Report

A separate Rental Housing Tax Credit Development Compliance Report must be completed for each individual building in Development. This report must provide a summary of all units and all tenants located in a specific building for the preceding year (January 1 – December 31) . This report must be fully completed in the format provided by IHFA and should provide all information related to each individual unit and tenant within a specific building for the entire year. **The owner may elect to re-create this form on his/her computer or use software that is conducive to such reporting. However, all information requested on this form must appear on the report and be submitted in the same format as IHFA has provided for the owner. All tenants residing in the building from January 1 through December 31 (365 days) must be included on this report.**

Please note that all information reported on this form must correspond to the owner's Final Application and Declaration of Extended Low-Income Housing Commitment. Below are instructions for completing all of the information needed on the Development Compliance Report:

- | | |
|---|--|
| 1) Date of Report: | The date the RHTC Development Compliance Report is completed. |
| 2) Building Identification Number (BIN): | Identify the Building Identification Number which was assigned to the specific building. Refer to IRS Form 8609, which was issued for the building. |
| 3) Development Name: | The name used by the Development. |
| 4) Building Address: | The address of the specific building identified by the BIN. |
| 5) Tax Credit Units: | Provide a unit breakdown of the Low-Income Tax Credit units within the specific building. |
| 6) Market Rate Units: | Provide a unit breakdown of the market rate units within the specific building. |
| 7) Special Needs Housing Set-Aside: | According to the Final Application and/or the Declaration of Extended Low-Income Housing Commitment submitted to IHFA by the owner provide a unit breakdown of units set aside for special needs tenants within this building (BIN). |

8) # of Management Units/Model Units:

If the owner has specified in the Final Application that a unit will be used as a Manager's or Model Unit, then this portion of the report must be completed. **Please note that the Manager's or Model Unit must be included in the Final Application in order for the property to utilize a unit as a Manager's or Model Unit.**

The owner must mark on the report how the Manager's or Model Unit is being counted in the applicable fraction. See IHFA's RHTC Compliance Manual for a specific discussion on how a Manager's Unit may be counted in the applicable fraction of a property.

9) a) Apartment #:

Identify all units within the building by apartment number or address digits if necessary. **Where multiple events occur for a single unit within a year, the events should be entered separately in chronological order.**

b) How many Bedrooms are in this unit?:

Indicate the number of bedrooms in the unit.

c) Square Footage:

Indicate the total square footage of the unit.

d) Tenant Name:

Identify the name of the tenant who occupied or is occupying the unit during the year. Last name only is adequate.

e) Date of Event:

Enter the date of the move-in, re-certification, re-certification/transfer, or move-out. **Please note that this report must include all tenants residing in the units from January 1 – December 31.**

f) Unit Type:

Indicate the unit type:

30% = Unit is set aside for a household with income of 30% of area median income or less.

40% = Unit is set aside for a household with income of 40% of area median income or less.

50% = Unit is set aside for a household with income of 50% of area median income or less.

60% = Unit is set aside for a household with income of 60% of area median income or less.

M = Market Rate Unit. No income or rent limitations required.

- g) **# of Persons residing in Unit:** Indicate the total number of household members in the unit.
- h) **Total Annual Household Income:** Enter the total Annual Gross Income of the household.
- i) **Rent Paid by Tenant:** Enter the actual dollar amount the tenant pays out-of-pocket monthly.
- j) **Amount of Rental Assistance:** Actual dollar amount of rental assistance. If no rental assistance is provided for this unit, leave this space blank.
- k) **Type of Rental Assistance:** Indicate the type of rental assistance if applicable using the following codes:
C8 = Section 8 Certificate
P8 = Section 8 Project Based Assistance
V8 = Section 8 Voucher
RA = RHCDS (FmHA Rental Assistance)
OA = Other Assistance

If no rental assistance is provided for this unit, leave this space blank.
- l) **Utility Allowance:** Indicate the actual dollar amount of the utility allowance being used for the unit. See RHTC Utilities Form. Also, documentation supporting the utility allowance amounts listed must be submitted with the owner certification.
- m) **Full-time Student Household Yes/No:** By placing either “yes” or “no” in the space provided, indicate if all household members are or are not full-time students as defined by the educational institution. **NOTE:** Unless otherwise documented, IHFA will assume that all children 6 years of age through 16 years of age are full-time students as required by law.

n) **Student Code:**

If all household members are full-time students, indicate which exemption under Section 42 qualifies the household to reside in the unit using the following codes.

J = Participates in a job training program with assistance

S = Receives Social Security benefits under Title IV

M = Married & files a joint federal income tax Return

P = Single parent with minor children, none of whom are claimed on another tax return

If the household is not a Full-time Student Household, leave this space blank.

o) **Is this unit set-aside for Special Needs Yes/No:**

By placing either “yes” or “no” in the space provided, indicate if the unit is or is not being used as a set-aside unit for a Special Needs population. The owner of the property will have indicated how many units are set-aside for the special needs population in the Final Application for Tax Credits for the development submitted to IHFA.

p) **Special Needs Code:**

For Developments with Special Needs set-asides only! Indicate the type of special need for the tenant using the following codes:

D = Persons with Disabilities

E = Household with at least one person 55 or older

H = Homeless individuals or homeless Families

If the unit is not set-aside for a special needs population, leave this space blank.

q) **Race of Household:**

Indicate the ethnic background of the tenant using the following codes:

AN = American Indian of Alaskan Native

A = Asian or Pacific Islander

W = White, not of Hispanic origin

H = Hispanic

B = Black, not of Hispanic origin

O = Other Nationality or more than one ethnic background in household

r) **Female Headed Household Yes/No:**

Indicate if the unit is occupied by a female head of household.

s) **Type of Event:**

Indicate the type of event being reported by using the following codes:

MI = Tenant initially moved into building

MO = Tenant moved out of unit

R = Tenant's income and RHTC qualifications have been re-certified. This event may occur more than one time per year. The owner should report all RHTC re-certifications that occurred during the year.

RT = Tenant's income and RHTC qualifications have been re-certified due to a transfer to another unit within the building. When a transfer within the same building occurs, the MO code should be used with the unit the tenant moves out of and the RT code should be used with the unit the tenant transfers to.

Rental Housing Tax Credit Utilities Form

The Rental Housing Tax Credit Utilities Form must be submitted the first year with the Owner Certification of Compliance. This form provides information on Owner and tenant paid utilities. The Owner must mark the utilities that are offered at the Development and also whether it is the owner's or tenant's responsibility to pay the offered utilities.

For those utilities that are paid by the tenant, a utility allowance must be used by the Owner. The utility allowance is included in Tax Credit rent and will be added to the tenant's out-of-pocket rent when determining total rent paid by the tenant. In addition, the Owner must use the utility allowance that is applicable to the Development. Please read this form carefully and use the applicable utility allowance.

IHFA will not provide utility allowances for Owners. It is the responsibility of the Owner to obtain the correct utility allowance from the appropriate agency.

Also, if any information on this form has changed at all during the Compliance Period of the Development, the owner must submit a new form with the new information immediately.

Property Directional Form

This form must be completed and submitted with the first Owner Certification of Compliance.

Authorized Signatory Form

Only owners, partners, or members of the partnership of Low-Income Housing Tax Credit (LIHTC) development may sign documentation submitted to IHFA regarding specific LIHTC developments. This documentation may include Final Application, IRS Form 8609, Owner Certifications, etc.

The Authorized Signatory Form is for IHFA use only and will be used to verify signatures on documentation submitted to IHFA.

If someone other than the owner, partner, or member of the partnership will be signing the documentation, the documentation verifying Power of Attorney or Authorization of Representation must be submitted with the Form.

**Indiana Housing Finance Authority
Rental Housing Tax Credit Program**

Owner Certification of Compliance
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Certification Year _____

The undersigned, having been allocated certain Rental Housing Tax Credits pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and having executed a "Declaration of Extended Low-Income Housing Commitment" pursuant to the allocation with the Indiana Housing Finance Authority, the housing credit agency for the State of Indiana (the "Authority") for the purpose of purchasing, constructing and/or improving a certain low-income housing Development (the "Development"), and pursuant to the monitoring requirements of the Authority and the requirements of the Code and all regulations promulgated thereunder, does hereby certify as follows:

- (i) The Development consists of the following

Building Identification Number (BIN)	Date First Placed in Service	First Year Credits were Claimed

(attach additional BINs to certification)

- (ii) The Development meets the requirements of (mark appropriate box):

- ☐ The 20/50 test under Section 42 of the Code; or
- ☐ The 40/60 test under Section 42 of the Code; or
- ☐ The 15/40 test under Section 42 of the Code, for "deep rent skewed"

- (iii) There was no change in the applicable fraction as defined in the Code of any building in the Development; or there was a change, in the applicable fraction, and a description of that change is attached to this certification.

Total Units in Development:	
Total Qualified Low-Income Units:	

1. Did the Development receive a tax credit allocation prior to 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes to question 1, the owner has elected to base tax credit rents on:	<input type="checkbox"/> Bedroom size <input type="checkbox"/> Actual Number of Occupants <input type="checkbox"/> Not Applicable
3. If yes to question 1, was a letter sent to the IRS on or before 2/7/94 to determine maximum permissible rents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

- (iv) The undersigned has received an annual income certification form for each low-income tenant in the Development and sufficient documentation to support that certification;

Or

In the case of a tenant receiving Section 8 housing assistance payments, a statement from the applicable public housing authority to the Development owner declaring that the tenant's income does not exceed the applicable income limits under the Code have been received.

- (v) If a waiver of the requirement for annual re-certification has been received from the Internal Revenue Service, such waiver has not been revoked and remains valid. A true copy is attached to this certification.
- (vi) Each Low-Income Unit in the Development was restricted as provided under the Code.
- (vii) The Development is in continuing compliance with all promises, covenants, set-asides and agreed upon restriction as set forth in the application for Credits for the Development.
- (viii) The Development has benefited from:

\$_____ of IHFA HOME funds; or

\$_____ of other HOME funds. Source of HOME funds: _____

_____ number of units in the Development received the benefit of HOME funds.
(total # of HOME assisted units)

All of these units have been, are being, and will be occupied and managed in accordance with all applicable HOME requirements until _____.
(date HOME affordability requirement expires)

- (ix) All units in the Development are for use by the general public and are used on a non-transient basis (except for units located in a building whose primary purpose is transitional housing for homeless as allowed for in the Code).

Additionally, please mark the appropriate certification:

- ☐ No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this development. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, and adverse final decision by a substantially equivalent state or local Fair Housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgement from a Federal court.
- ☐ A finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred & the owner has **attached documentation of the findings to this certification.**

- (x) Please mark the appropriate certification:

- ☐ All units in the Development are suitable for occupancy, taking into account all federal, state, and local health, safety, and building codes (or other habitability standards), and the state or local unit responsible for making building code inspections did not issue a report of a violation for any building or low-income unit in the development
- ☐ The state or local unit responsible for making building code inspections issued a report of a violation for any building or low-income unit in the development during the certification year. **Documentation of the violations is attached to this certification.**

- (xi) Please mark the appropriate certification:

- ☐ There has been no change in the eligible basis of any building in the Development (as defined in the Code); or
- ☐ There has been a change in the eligible basis of the building in the Development (as defined in the Code). **Documentation setting forth the nature and amount of such a change (i.e. a common area has become commercial space, or a fee is now charged for a tenant facility formerly provided without charge) is attached to this certification.**

- (xii) All tenant facilities included in the eligible basis of the Development under the Code, such as swimming pools, recreational facilities, and parking areas, are provided on a comparable basis without charge to all tenants of the Development.

- (xiii) Please mark the appropriate certification:

- ☐ No Low-Income Units in the Building became vacant during the applicable year; or

- ❑ One or more Low-Income Units in the building became vacant during the applicable year and reasonable efforts were or are being made to rent such units or the next available unit or units of comparable size in the building to tenants having a qualifying income. **Documentation detailing which units were vacant during the applicable year and a description of the efforts to rent such units to tenants with qualifying incomes must be attached to this certification.**

(xiv) Please mark the appropriate certification:

- ❑ No tenant of any Low-Income Units in the Development experienced an increase in income above the limit allowed in Section 42(g)(2)(D)(ii) of the Code; or
- ❑ Income of tenants of a Low-Income Unit in the project increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, and the next available unit of comparable or smaller size in the project was or will be rented to tenants having a qualifying income. **Documentation detailing tenants who have experienced such an increase in income and the unit or units which have been or will be rented to tenants having qualifying income and the efforts made to rent such a unit or units must be attached to this certification.**

(xv) The Development has at least one operating smoke detector on each level of the rental dwelling unit.

(xvi) There have been not changes in entity ownership or if there have been, IHFA has been provided with all details and all necessary documentation.

(xvii) The Development is in continuing compliance with the Declaration of Extended Low-Income Housing Commitment applicable to the Development and filed in the office of the Recorder of _____ County, Indiana; and

(xviii) The Development is otherwise in compliance with the Code, including any Treasury Regulations pursuant thereto, and applicable laws, rules, regulations, and ordinances.

Each person signing on behalf of the undersigned entity certifies that (a) he/she, personally, is fully empowered and duly authorized by any and all necessary action or consent required under any applicable articles of incorporation, bylaws, partnership agreement, articles of organization, operating agreement or other agreement applicable to the owner to execute and deliver this certification for an on behalf of the undersigned; (b) the undersigned entity has full capacity, power and authority to enter into an execute this certification for and on behalf of the owner; (c) this certification has been duly authorized, executed and delivered; and (d) this certification and any attachments, including the Development and Building Information Form and Development Compliance Report (may be submitted through IHFA automated compliance reporting system) are true, accurate, complete, and made under penalty of perjury.

The undersigned has executed this certification this _____ day of _____, 200____.

(Printed/typed name of Owner)

By:_____

Title:_____

Attest:

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me, a Notary Public in an for said County and State, appeared _____ the
_____ of _____, and who being duly sworn
acknowledged the execution of the foregoing Certification of Compliance as his/her free and
voluntary act and deed.

Witness my hand and Notarial Seal the _____ day of _____ 200_____.

My Commission expires:

Notary Public

My County of Residence

Printed Name

Indiana Housing Finance Authority

Owner Certification Checklist

Year of Owner Certification _____

Property Name _____

Building Identification Number(s) (BIN): _____

(Please list additional BINs on a separate piece of paper and attach)

_____ 1. Completed Certification of Compliance – signed by an authorized signatory and notarized

_____ 2. Completed Development and Building Information Form

_____ 3. Completed Development Compliance Report

Submitted through IHFA Compliance Reporting Website

Submitted on paper and attached to Owner Certification of Compliance

_____ 4. Completed Utilities Information Form

_____ 5. Supporting Documentation for Utility Allowance

_____ 6. Annual Monitoring Fee

If this is the initial year of certification, the following information must also be submit to IHFA:

_____ 7. Affirmative Fair Housing Marketing Plan

_____ 8. A Copy of Completed and Signed IRS Form 8609 for each Building

_____ 9. Property Directional Form

_____ 10. Authorized Signatory Form

Indiana Housing Finance Authority

Rental Housing Tax Credit Program Development and Building Information

Year of Certification 20__

Date _____

Development Information:

Building Identification Number(s)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* List additional BINs on a separate piece of paper and attach

Development Name: _____

Development Address: _____

Development City/State/Zip: _____

Development Telephone Number: _____

Development County: _____

Owner Information:

Development Ownership Entity: _____

Contact Person: _____
(must be owner, partner, or member of the partnership)

Owner Address: _____

Owner City/State/Zip: _____

Owner Telephone Number: _____

Building Owner's Taxpayer Identification Number (TIN): _____
(must correspond to TIN on IRS Form 8609)

Management Information:

Management Company: _____

Management Contact Person: _____

Management Address: _____

Management City/State/Zip: _____

Management Telephone Number: _____

Credit Information:

First year Credit was Claimed:_____ First year's reported eligible basis:_____

First year's qualified basis:_____

Minimum set-aside reported to IRS on Form 8609: ___20/50 ___40/60 ___15/40

Date Development met minimum set-aside reported to IRS _____

Building and Unit Information:

Number of Buildings in Development:_____ Total RHTC Buildings: _____

Total Section 8 Buildings:_____ Total Rural Development Buildings: _____

Total Number of Handicapped Accessible Units in Development:_____

Total Number of Units considered for Manager's/Model/Office:_____

Is the Manager's/Model/Office unit considered to be common area? ___YES ___NO

Tax Credit qualified unit? ___YES ___NO

Fair Housing:

If there are five or more units total in all buildings of the Development, then an Affirmative Fair Housing Marketing Plan, HUD Form 935.2, must be submitted and approved by HUD. A copy of the submitted and approved Plan must be forwarded to IHFA.

Does the Project have five (5) or more total units? ___Yes ___No

If yes, has HUD Form 935.2 been approved by HUD? ___Yes ___No ___N/A

(If no, a completed Form 935.2 must be submitted to IHFA with a written statement explaining why the Form has not been approved and the approximate date approval.)

If yes, has a copy the approved Form 935.2 been submitted to IHFA? ___Yes ___No ___N/A

Indiana Housing Finance Authority

Rental Housing Tax Credit Utilities Form

Project Name: _____

Building Identification Number(s) (BIN): _____

1. Utilities

	Gas	Electric	Oil	L.P.	Other	Owner Paid	Tenant Paid
Unit Heat							
Water Heating							
Cooking							
Unit Electric							
Water Service							
Sewer							
Trash Removal							

*Please mark the appropriate boxes

1. Utility Allowance Documentation

The maximum allowable rent calculations include costs to be paid by the tenant for utilities including: heat, lights, water, sewer, oil, gas, or trash removal where applicable. Utilities do not include telephone or cable television.

Utility allowances should be calculated as follows:

1. RHCDS (FmHA) regulated buildings must use RHCDS approved utility allowances.
2. HUD regulated buildings must use HUD approved utility allowances.
3. HUD and RHCD buildings must use RHCD approved utility allowances.
4. Units with Section 8 subsidy through certificates or vouchers must use the PHA Section 8 existing utility allowances for those tenants. Non-Section 8 units must follow number 5 below.
5. All other buildings must use the PHA local utility allowances or local utility company data if it is requested. If local utility company data is obtained, the Owner must use the information, provided it is not an RHCD (FmHA) or HUD regulated building.

Utility allowances need to be updated when area median incomes are revised since they are included in the maximum allowable rent calculations. Any changes in the utility allowance impacts the net chargeable rent to the tenant.

When a new utility allowance is used, rents must be recalculated within ninety (90) days.

NOTE: This form must be submitted with the first year Owner Certification of Compliance. If information on this form changes during the compliance period of the project, then the owner must submit a revised form. However, documentation supporting the utility allowance used to calculate rent must be submitted every year with the Owner Certification of Compliance to IHFA.

Affirmative Fair Housing Marketing Plan

**U.S. Department of Housing
and Urban Development**
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0013
(exp. 09/30/2003)

1a. Applicant's Name, Address (including city, state & zip code) & Phone Number	1c. Project/Application Number	1d. Number of Units	1e. Price or Rental Range From \$ To \$
	1f. For Multifamily Housing Only <input type="checkbox"/> Elderly <input type="checkbox"/> Non-Elderly	1g. Approximate Starting Dates (mm/dd/yyyy) <u>Advertising</u> Occupancy	
1b. Project's Name, Location (including city, State and zip code)	1h. Housing Market Area		1i. Census Tract
	1j. Managing/Sales Agent's Name & Address (including city, State and zip code)		

2. Type of Affirmative Marketing Plan (mark only one)

- ☐ Project Plan
- ☐ Minority Area
- ☐ White (non-minority) Area
- ☐ Mixed Area (with _____ % minority residents)

3. **Direction of Marketing Activity** (Indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts)

- ☐ White (non-Hispanic) ☐ Hispanic ☐ American Indian or Alaskan Native
☐ Black (non-Hispanic) ☐ Asian or Pacific Islander ☐ Persons with Disabilities

4a. Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing)

- ☐
- Newspapers/Publications
- ☐
- Radio
- ☐
- TV
- ☐
- Billboards
- ☐
- Other (specify) _____

<input type="checkbox"/> Newspaper, Radio or TV Station	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Size/Duration of Advertising

4b. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster

- (1) Will brochures, letters, or handouts be used to advertise? ☐ Yes ☐ No If "Yes", attach a copy or submit when available.
- (2) For project site sign, indicate sign size _____ x _____; Logotype size _____ x _____. Attach a photograph of project sign or submit when available.
- (3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the _____ Sales/Rental Office _____ Real Estate Office _____ Model Unit _____ Other (specify) _____

4c. Community Contacts. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify HUD-FHEO of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

Name of Group/Organization				Racial/Ethnic Identification	Approximate Date (mm/dd/yyyy)	Person Contacted or to be Contacted
Address & Phone Number				Method of Contact		Indicate the specific function the Group/Organization will undertake in implementing the marketing program

5. Future Marketing Activities (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

- ☐ Newspapers/Publications ☐ Radio ☐ TV ☐ Brochures/Leaflets/Handouts
☐ Site Signs ☐ Community Contacts ☐ Other(specify)

6. Experience and Staff Instructions (See instructions)	
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- 6a. Staff has experience. ☐ Yes ☐ No
- 6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

7. Additional Considerations Attach additional sheets as needed.

8. Changes and Revisions By signing this form, the applicant agrees, after appropriate consultation with HUD, to change any part of the plan covering a multifamily project to ensure continued compliance with Section 200.620 of HUD's Affirmative Fair Housing Marketing Regulations.

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

For HUD-Office of Housing Use Only

Approval By _____

Disapproval By

Signature & Date (mm/dd/yyyy)

Signature & Date (mm/dd/yyyy)

Name (type or print)

Name (type or print)

Name (type or print)

Title & Name of Company

Title

	Title
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The Affirmative Fair Housing Marketing Plan (AFHM) is needed to ensure that Federal agencies are taking necessary steps to eliminate discriminatory practices involving Federally insured and assisted housing. No application for any housing project or subdivision insured or subsidized under the Department's housing programs can be funded without an approved AFHM Plan. The responses are required to obtain or retain a benefit under the Fair Housing Act, Section 808(e)(5) & (6) and 24 CFR Part 200, Subpart M. The form contains no questions of a confidential nature.

Instructions

Send the Completed form to: Your Local HUD Office,
Attention: Director, Office of Housing

The Affirmative Fair Housing Marketing Regulations require that each applicant subject to these regulations carry out an affirmative program to attract prospective buyers or tenants of all minority and non-minority groups in the housing market area regardless of race, color, religion, sex, national origin, disability, or familial status. These groups include Whites (Non-Hispanic), members of minority groups, i.e., Blacks (Non-Hispanic), American Indians/Alaskan Natives, Hispanics, Asian/Pacific Islanders, persons with disabilities, or families with children in the Standard Metropolitan Statistical Areas (SMSA) or housing market area who may be subject to housing discrimination on the basis of race, color, religion, sex, national origin, disability, or familial status. The applicant shall describe on this form the activities it proposes to carry out during advance marketing, where applicable, and the initial sales rent-up period. The affirmative program also should ensure that any group(s) of persons normally **not** likely to apply for the housing without special outreach efforts (because of existing neighborhood racial or ethnic patterns, location of housing in the SMSA price or other factors), know about the housing, feel welcome to apply and have the opportunity to buy or rent.

Part 1 - Applicant and Project Identification. The applicant may obtain Census Tract location information, item 1i, from local planning agencies, public libraries and other sources of Census Data. For item 1g, specify approximate starting date of marketing activities to the groups targeted for special outreach and the anticipated date of initial occupancy. Item 1j is to be completed only if the applicant is not to implement the plan on its own.

Part 2 - Type of Affirmative Marketing Plan. Applicants for multifamily projects are to submit a Project Plan which describes the marketing program for the particular project or subdivision. Scattered site builders are to submit individual annual plans based on the racial composition of each type of census tract. For example, if a builder plans to construct units in both minority and non-minority census tracts, separate plans shall be submitted for all of the housing proposed for both types.

Part 3 - Direction of Marketing Activity. Considering factors such as price or rental of housing, the racial/ethnic characteristics of the neighborhood in which housing is (or is to be) located, the population within the housing market area, or the disability or familial status of the eligible population, public transportation routes, etc., indicate which group(s) you believe are least likely to apply without special outreach.

Part 4 - Marketing Program. The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in the Plan as least likely to apply. The applicant shall state: the type of media to be used, the names of newspapers/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in

the Plan, e.g., White (Non-Hispanic), Black (Non-Hispanic), Hispanic, Asian-American/Pacific Islander, American Indian/Alaskan Native; and the size or duration of newspaper advertising or length and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the project area or the locality and that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, churches, labor unions, employers, public and private agencies, disability advocates, and individuals who are connected with these organizations and/or are well-known in the community.

Part 5 - Future Marketing Activities. Self-Explanatory.

Part 6 - Experience and Staff Instructions.

- Indicate whether the applicant has previous experience in marketing housing to group(s) identified as least likely to apply for the housing.
- Describe the instructions and training given to sales/rental staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this AFHM Plan. Copies of any written materials should be submitted with the Plan, if such materials are available.

Part 7 - Additional Considerations. In this section describe other efforts not mentioned previously which are planned to attract persons in either those groups already identified in the Plan as least likely to apply for the housing or in groups nor previously identified in the Plan. Such efforts may include outreach activities to female-headed households and persons with disabilities.

Part 8 - The applicant's authorized agent signs and dates the AFHM Plan. By signing the Plan, the applicant assumes full responsibility for its implementation. The Department may at any time monitor the implementation of the Plan and request modification in its format or content, where the Department deems necessary.

Notice of Intent to Begin Marketing. No later than 90 days prior to the initiation of sales or rental marketing activities, the applicant with an approved Affirmative Fair Housing Marketing Plan shall submit notice of intent to begin marketing. The notification is required by the Affirmative Fair Housing Marketing Plan Compliance Regulations (24 CFR Part 108.15). It is submitted either orally or in writing to the FHEO Division of the appropriate HUD Office serving the locality in which the proposed housing is located. OMB approval of the Affirmative Fair Housing Plan includes approval of this notification procedure as part of the Plan. The burden hours for such notification are included in the total designated for this Affirmative Fair Housing Marketing Plan form.

Property Directional Form

Please complete one directional form for each property.

Building Identification Number (BIN): _____

Name of Property: _____ Contact Person at Property: _____

Address of Property: _____

City: _____ County: _____ Phone Number of Property: _____

Please provide written directions from Indianapolis to the above property:

Please provide a simple map to the property according to the directions given above:

Any additional directional information can be placed on the back of this form. Thank you for your cooperation.

Indiana Housing Finance Authority

Authorized Signatory Form

Only owners, partners, or members of the partnership of Low Income Housing Tax Credit (LIHTC) projects may sign documentation submitted to IHFA regarding specific LIHTC projects. This documentation may include final application, IRS form 8609, owner re-certifications, etc.

Below is (are) the authorized signatory (signatories) for the Rental Housing Tax Credit development located at _____ in _____, IN.

Building Identification Number (BIN) _____

	Name, Title	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If more lines are needed, please attach a separate sheet with the name, title, and signature of the owner, partner, or member.

This form is for IHFA use only and will be used to verify signatures on documentation submitted to IHFA.

*Note: If someone other than the owner, partner, or member will be signing the above mentioned documentation, then documentation verifying Power of Attorney or Authorization of Representation must be submitted with this form (See Appendix G of RHTC Compliance Manual.